



HEALTH

Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: 02/14/18

Permit No.: B18000509

Building Address: 12523 Westland Ct
 City: Fulton State: MD Zip Code: 20759
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Westland Farm
 Section: _____ Area: _____ Lot: 11
 Tax Map: 45 Parcel: 28 Grid: 5
 Zoning: _____ Map Coordinates: _____ Lot Size: 3 Acres

Existing Use: SFD
 Proposed Use: SFD w/ propane tank
 Estimated Construction Cost: \$ 8000
 Description of Work:
Install 1000 gal in-ground propane tank

Occupant/Tenant Name: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: owner
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: WBC Westland Farm LLC
 Address: 5485 Harpers Farm Rd Ste 200
 City: Columbia State: MD Zip Code: 21044
 Phone: 410-936-1606 Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: Michelle Clancy
 Address: Po Box 310
 City: Perry Hall State: MD Zip Code: 21228
 Phone: 443-610-7514 Fax: _____
 Email: micuelle@AppliedAndApproved.com

Contractor Company: TECU AIR
 Contact Person: Dennis Feege
 Address: 1560 A-D CATON CENTER DR
 City: Baltimore State: MD Zip Code: 21227
 License No.: B1215
 Phone: 410-984-5681 Fax: _____
 Email: _____

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: Contractor
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 st floor:	
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
Construction type:	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	Multi-family Dwelling	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Electric:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Gas:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Grading Permit Number:	
Building Shell Permit Number:	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Michelle Clancy
 Applicant's Signature
Michelle @ AppliedAndApproved.com
 Email Address
Permits
 Title/Company

Michelle Clancy
 Print Name
2/14/18
 Date
RECEIVED
FEB 13 2018

LICENSES & PERMITS DIVISION

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>2/26/18</u>	<u>R-RT</u>

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$
Permit Fee	\$ <u>100</u>
Tech Fee	\$ <u>10</u>
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$ <u>110.00</u>
Sub- Total Paid	\$
Balance Due	\$
Check	# <u>0521</u>



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: 4/28/17
Marina Morris
Permit No.: B17001677

Building Address: 12523 Westland Court
City: Fulton State: MD Zip Code: 20759
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: Westland Farm Estates
Section: _____ Area: _____ Lot: 11
Tax Map: 45 Parcel: 28 Grid: 5
Zoning: RR-DFO Map Coordinates: _____ Lot Size: 3 ac
130,660 sq ft

Property Owner's Name: Williamsburg Homes
Address: 5485 Harpers Farm Rd # 202
City: Columbia State: MD Zip Code: 21047
Phone: 410-447-8800 Fax: _____
Email: marina.morris@williamsburgllc.com

Existing Use: Vacant Lot
Proposed Use: Single Family Home
Estimated Construction Cost: \$ 283,000
Description of Work: Modd Wellington w/ concrete
2 story Full bath, 12 R, 4 BR, 2 HB, 2 FP,
3 car garage, (4-BR)
Occupant/Tenant Name: _____
Was tenant space previously occupied? Yes No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Contractor Company: _____
Contact Person: _____
Address: _____
City: _____ State: _____ Zip Code: _____
License No.: 155
Phone: _____ Fax: _____
Email: _____

Engineer/Architect Company: _____
Responsible Design Prof.: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Commercial Building Characteristics	Residential Building Characteristics	
Height: _____	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories: _____	Depth _____ Width _____	
Gross area, sq. ft./floor: _____	1 st floor: _____	
Area of construction (sq. ft.): _____	2 nd floor: _____	
Use group: _____	Basement: _____	
Construction type: _____	<input type="checkbox"/> Finished Basement	
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement	
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space	
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Wood Frame	No. of Bedrooms: <u>4</u>	
<input type="checkbox"/> State Certified Modular	Multi-family Dwelling	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	No. of efficiency units: _____	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No. of 1 BR units: _____	
Roadside Tree Project Permit # _____	No. of 2 BR units: _____	
	No. of 3 BR units: _____	
	Other Structure: _____	
	Dimensions: _____	
	Footings: _____	
	Roof: _____	
	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities		RECEIVED
Electric:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	APR 28 2017
Gas:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Water Supply		LICENSSES & PERMITS DIVISION
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		
Sewage Disposal		
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		
Heating System		
<input type="checkbox"/> Electric <input type="checkbox"/> Oil		
<input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas		
<input type="checkbox"/> Other: _____		
Sprinkler System:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Grading Permit Number: <u>9160002335</u>		
Building Shell Permit Number: <u>ON F. PLAN</u>		

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: Marina Morris Print Name: Marina Morris
Email Address: marina.morris@williamsburgllc.com Date: 4/28/17
Title/Company: Agent / WGLLC

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

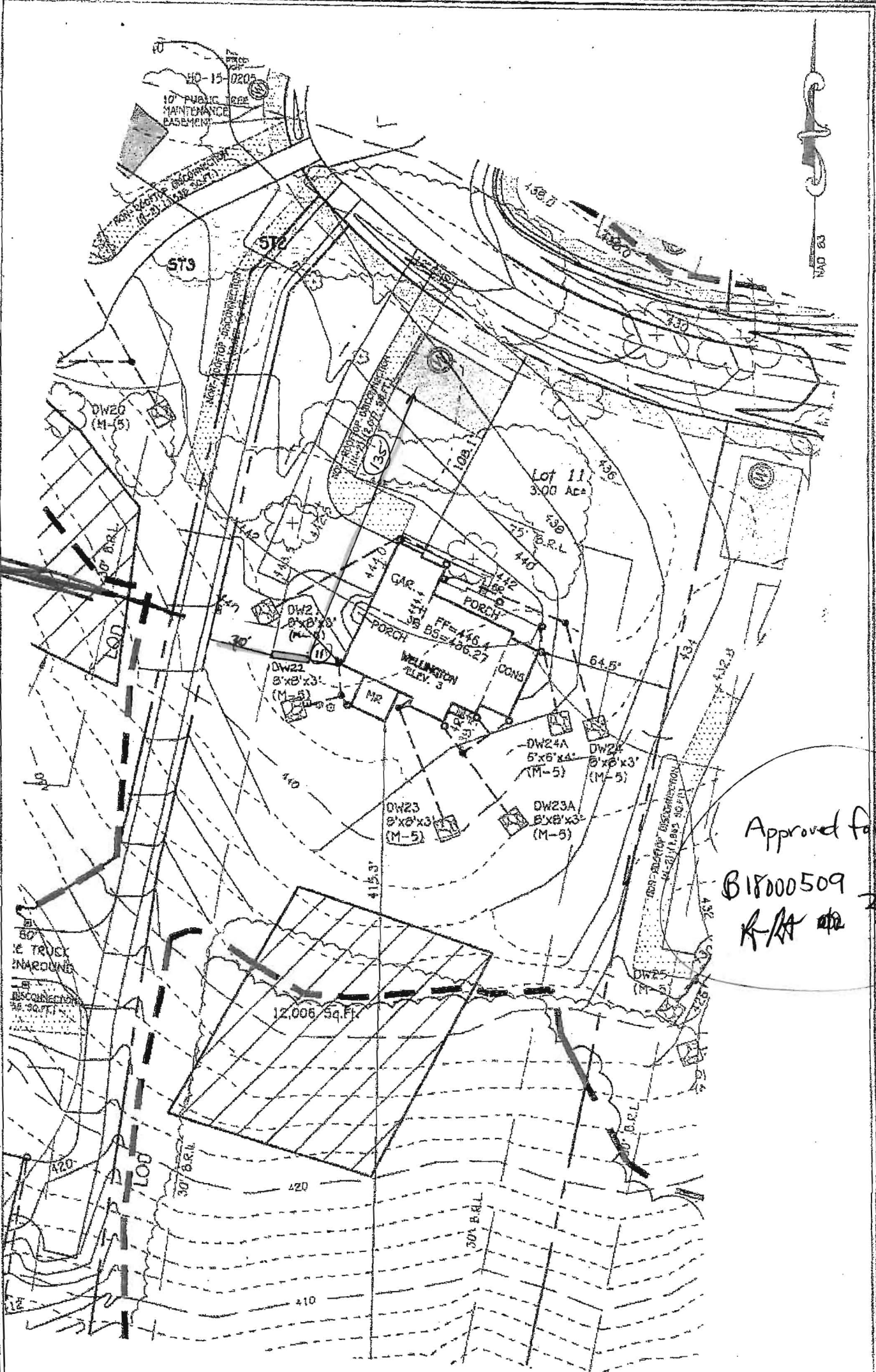
AGENCY	DATE	SIGNATURE OF APPROVAL
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> PSZA (Zoning)		
<input checked="" type="checkbox"/> PSZA (Engineering)		
<input checked="" type="checkbox"/> Health	<u>7/18/17</u>	<u>[Signature]</u>

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone: _____
SDP/Red-line approval date: _____

Filing Fee	\$ 100
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ 50
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>06899</u>

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SMA
T:\Operations\Updated Forms\Building appimp 09.13.2016.docx



Approved for UPT
 B18000509
 R/A etc 2/26/18

PERMIT PLAN
 WESTLAND FARM ESTATES
 LOT 11

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE BLDG. - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 481-2555

TAX MAP #45 PARCEL: 28
 ZONED: RR-DEO
 THIRD ELECTION DISTRICT HOWARD COUNTY, MARYLAND
 SCALE: 1" = 60' DATE: DECEMBER, 2017

B 17001677

3.17001677

12523 Westland Ct.

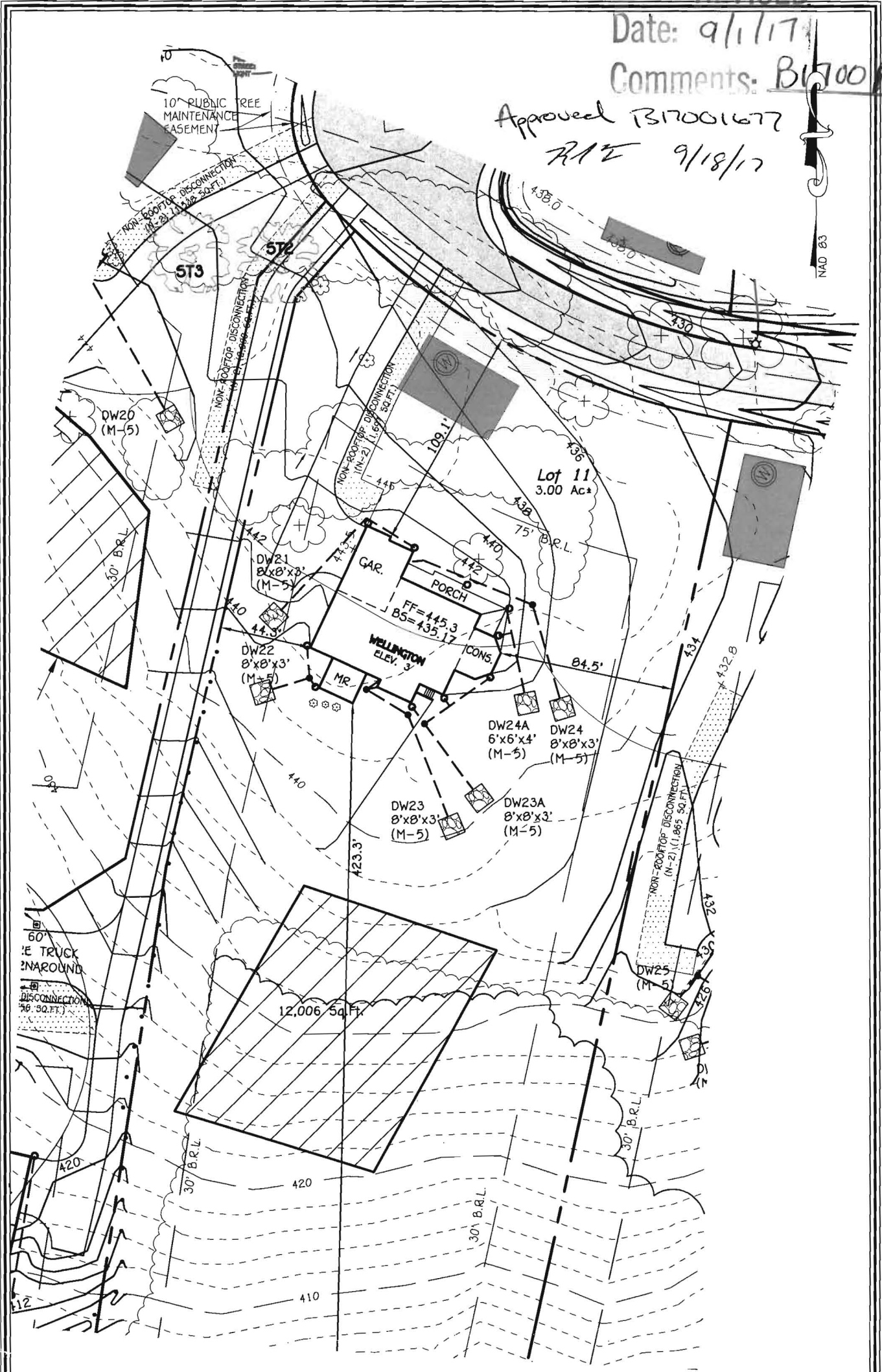
REVISED

Date: 9/1/17

Comments: B17001677

Approved B17001677
RAZ 9/18/17

NAD 83



PERMIT PLAN
WESTLAND FARM ESTATES
LOT 11

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 461 - 2855

TAX MAP #45 PARCEL: 28
 ZONED: RR-DEO
 THIRD ELECTION DISTRICT HOWARD COUNTY, MARYLAND
 SCALE: 1" = 60' DATE: AUGUST, 2017

COMPLETE THIS FORM WHEN DROPPING OFF ANY
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:

Date: 9/1/17
To: JIM WITMER (DED) & ROBERT FREEMAN (HEALTH)
(Person's Name and Division)
From: STEPHANIE TUITZ FCC 410 461-2855
(Your Name, Company Name and Telephone Number)
Subject: Project name WESTLAND FARM ESTATES, LOT 11
Project site address 12523 WESTLAND COURT
Permit # B17001677 ~~SDP#~~
Other information pertinent to this project _____

Please check the attachments below that you are submitting with this transmittal:

- Letter of response to address plan review comment letter
 Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**
 Letter Summarizing Changes
 Energy conservation calculations
 Copies of PERMIT PLAN (be specific).
 TO Health Department Request TO DPZ/ DED Request Applicant's Request
 Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
 Other _____

Contact Person Information: (Required)

Please Print Name _____

Telephone No: _____

E-Mail Address: _____

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by _____

MP

Revision

Name *
 STEVEN KING
 Address Line 1
 12523 WESTLAND COURT
 Address Line 2
 Address Line 3
 Mail City Mail State Mail Zip Code
 FULTON MD 20759
 Phone Primary
 410-262-9239 Yes
 E-mail
 Cell Number Fax Number

Professionals (This section is not required.)

Search Reset Clear

License # * Business Name
 08050009615-01 LONG FENCE COMPANY INCORPORATED
 License Type * First Name Middle Name Last Name
 MHIC Co MICHAEL J RITTER
 Primary Address Line 1
 No 1910 BETSON COURT
 Address Line 2
 1114 MARYLAND ROUTE 3 NORTH
 City State ZIP Code
 ODENTON MD 21113-1124
 Phone 1 Phone 2 Fax
 3013502400 3013360743
 E-mail
 BLRITTER@LONGFENCE.COM

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type * First Name MI Last Name
 Applicant STEVE BOWERS
 Relationship Full Name
 Applicant STEVE BOWERS
 Primary Organization Name
 Yes
 Street Address
 7 HAYMARKET CRT
 Address Line 2
 City State Zip Code
 BALTIMORE MD 21236
 Phone Cell Fax
 410-227-9843 410-227-9843
 E-mail *
 MRDECKSM@HOTMAIL.COM

Addtl Info

Est Construction Cost * Housing Units * Number of Buildings * Public Owned
 27000 0 0 No
 Construction Type

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Deck	B18002945	08/21/2018
Description of Work		
SFD/ CONSTRUCT 28' X 16' OPEN DECK W/TWO SETS OF STEPS		

Approved 8/24/18 reB

check spelling

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
12523	WESTLAND	CT	
Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-76.9509	39.14929
City	State	Zip Code	Primary
FULTON	MD	20759	Yes

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
11057434	28	0	0	0	0	RURAL

Legal Description

Empty text box for legal description

check spelling

Block	Lot	Census Tract	Council Dist	Supervisor Dist	Map #	DAP Zone	Primary
	11	605102	5				Yes

Plan Area	State Tax Id	Subdivision Name
		Westland Farm Estates

Section	Area	Tax Map
		45

Grid	Zoning District	ADC Map
45-5	RR-DEO	5051-H7

SDP No.	Final Plan No.	WP File No.
	ECP-15-028	

Record Plat No.	WS Contract No.	FDP No.
23985-2398		

Owner Occupied	Year Built	Historic District
<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No

Historic District Registry No.	Stat Area	Flood Plain
	5-15A	<input type="radio"/> Yes <input checked="" type="radio"/> No

Building No

Owner * (This section is required.)

Search Reset Clear

--Select--

MISC PERMIT INFO

MISCELLANEOUS PERMIT INFORMATION

Capital Project-No Fee *	Capital Project Number	Fee Exempt *	Roadside Tree Project Permit *	Roadside Tree Project Permit #
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>
Existing Use *	Water	Sewage	Expiration Date	
<input type="text" value="SFD"/>	<input type="text" value="Private"/>	<input type="text" value="Private"/>	<input type="text" value="2/19/2019"/>	<input type="text"/>

PAYMENT INFORMATION

Check 1	Payee 1	Check 2	Payee 2	SAP Doc No	SAP Entered
<input type="text" value="N/A"/>	<input type="text" value="ONLINE PAYMENT"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Submit Cancel



NOTES:

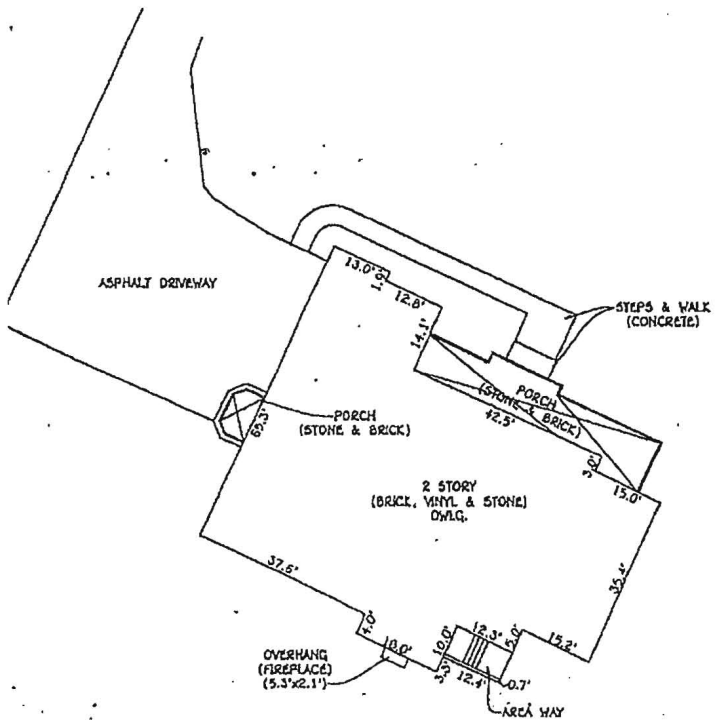
1. PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN ANTICIPATED TRANSFER, FINANCING OR REFINANCING OF THE PROPERTY SHOWN HEREIN AS BEING A BOUNDARY SURVEY, THIS LOCATION DRAWING IS NOT INTENDED TO ESTABLISH PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OF GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS DRAWING DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINES, BUT SUCH IDENTIFICATION IS REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING FOR RE-FINANCING OF THE PROPERTY SHOWN ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP, MARYLAND, COMMUNITY PANEL No. 24027C01400, EFFECTIVE 11/05/2013, SHOWING PROPERTY LINE AS SHOWN ON THE PLAN HEREON ARE TO AN ACCURACY OF 1/1000.

2. SUBJECT TO ALL EASEMENTS, RIGHTS OF WAY AND CONDITIONS OF RECORD. THIS PLAN IDENTIFIED WITH THE ATTACHED WALL TAG NUMBER HO-15-0165 BY FISHER, COLLINS AND CARTER, INC. PROFESSIONAL LAND SURVEYORS AND IS

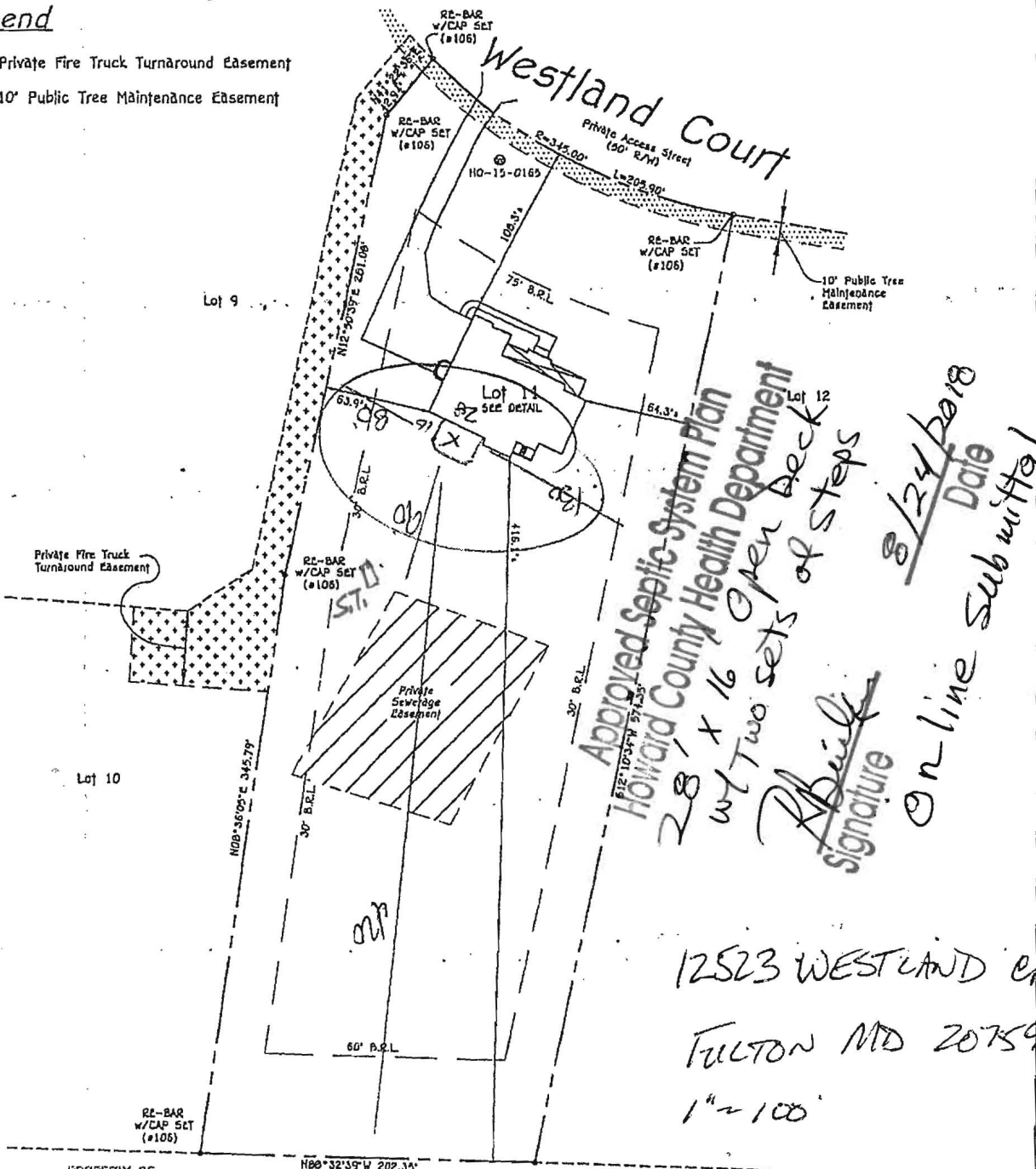
3. I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED BY ME OR UNDER MY CLOSE PERSONAL SUPERVISION AND THAT I AM A DULY LICENSED PROPERTY LINE SURVEYOR UNDER THE LAWS OF THE STATE OF MARYLAND, EXPIRATION DATE 10/01/2018. 201677

Legend

-  Private Fire Truck Turnaround Easement
-  10' Public Tree Maintenance Easement



DETAIL:
1"=20'



8/24/2018
Date

[Signature]
Signature

On line submitted

12523 WESTLAND CRT
FULTON MD 20759
1"=100'

PROPERTY OF
WASHINGTON SUBURBAN SANITARY
COMMISSION
L. 224, F. 130

HOUSE LOCATION
DRAWING

FOUNDATION LOCATION: 1/23/18

RE-BAR
w/CAP SET
(#106)

LOT 11
WESTLAND FARM ESTATES



The Wellington

Williamsburg Group, LLC
 5485 Harpers Farm Rd. #200
 Columbia, MD 21044
 (410) 997- 8800

Approved
 7/14

→ B17001677 9/18/17
 HEALTH DEPT

Plymouth Road Architects
 640 Plymouth Road, Catonsville, MD 21229 410-788-0281

DRAWING INDEX	
COVER SHEET	
D1	WALL SECTIONS
D2	AREAWAY DETAILS
D3	GENERAL REQUIREMENTS
D4	SHEAR WALL DETAILS & LOCATIONS
1A	ELEV. 1 STANDARD- SIDING
1B	ELEV. 1 STANDARD -STONE
1C	ELEV. 1 STANDARD- BRICK
1D	ELEV. 2- SIDING
1E	ELEV. 2- STONE
1F	ELEV. 2- BRICK
1G	ELEV. 3- STONE AND SIDING
1H	ELEV.3- BRICK
2A	BASEMENT/FOUNDATION PLAN
2B	FINISHED BASEMENT PLAN
3A	FIRST FLOOR PLAN
4A	SECOND FLOOR PLAN
5A	PARTIAL PLANS ELEV.1-BRICK
5B	PARTIAL PLANS ELEV.2
5C	PARTIAL PLANS ELEV.2-BRICK
5D	PARTIAL PLANS ELEV.3
6	SECTION A
7	SECTION B
8A	TWO STORY ADDITION
8B	MORNING RM.
8C	CONSERVATORY
8D	OPT. SECOND FL. FAMILY RM.
8E	OPT. ELEVATOR
8F	OPT. WALL OF WINDOWS
8G	GRADE BEAM DETAILS
8H	DET. GARAGE ELEVS
8I	DET. GARAGE PLANS

2015 IECC CODE COMPLIANCE			
301.1	CLIMATE ZONE 4A	402.4.4	RECESSED LIGHTING RECESSED LUMINAIRES INSTALLED IN THE BUILDING THERMAL ENVELOPE SHALL BE SEALED TO LIMIT AIR LEAKAGE.
401.2	COMPLIANCE METHOD: MANDATORY AND PRESCRIPTIVE PROVISIONS	403.1.1	THERMOSTAT- ALL DWELLING UNITS WILL HAVE AT LEAST (1) PROGRAMMABLE THERMOSTAT FOR EACH SEPERATE HEATING AND COOLING SYSTEM PER 2012 IECC SECTION 403.1
402.1.1	EXTERIOR FRAME WALL CONSTRUCTION 2x6 STUDS @ 16" oc. R-20 INSULATION 7/16" OSB.(CONTINUOUS) HOUSEWRAP	403.1.2	WHERE A HEAT PUMP SYSTEM HAVING SUPPLEMENTARY ELECTRIC RESISTANCE HEAT IS USED THE THERMOSTAT SHALL PREVENT THE HEAT FROM COMING ON WHEN HEAT PUMP CAN MEET HEATING LOAD.
402.1.1	ATTIC INSULATION- R-49, R-38 WILL SATISFY THE REQUIREMENT IF FULL HGHT. OF UNCOMPRESSED R-38 INSULATION EXTENDS OVER THE TOP PLATE @ EAVES.	403.2.1	MECHANICAL DUCT INSULATION- SUPPLY DUCTS IN ATTIC R-8 MIN. SUPPLY DUCTS OUTSIDE OF CONDITIONED SPACE R-6 MIN. ALL OTHER DUCTS EXCEPT THOSE LOCATED INSIDE THE BUILDING THERMAL ENVELOPE R-6 MIN. DUCTS LOCATED UNDER CONCRETE SLABS MUST BE R-6 MIN.
402.1.1	BASEMENT WALL INSULATION: R-10 FOIL FACED CONTINUOUS, UNINTERRUPTED BATTS FULL HGHT.R-13 IN CAVITY IF FINISHED.	403.2.2	DUCT SEALING- ALL DUCTS, AIR HANDLERS, FILTER BOXES WILL BE SEALED. JOINTS AND SEAMS WILL COMPLY WITH SECTION M1601.4.1 OF THE IRC. A DUCT TIGHTNESS TEST(DUCT BLASTER LEAKAGE TEST) WILL BE PERFORMED ON ALL HOMES AND SHALL BE VERIFIED BY EITHER A POST CONS. TEST OR A ROUGH IN TEST. DUCT TIGHTNESS TEST IS NOT REQD. IF AIR HANDLER AND ALL DUCTS ARE LOCATED WITHIN CONDITIONED SPACE.
402.1.1	CRAWL SPACE WALL INSULATION: R-10 FOIL FACED CONTINUOUS BATTS FULL HGHT. EXTENDING FROM FLOOR ABOVE TO FINISH GRADE LEVEL AND THEN VERTICALLY OR HORIZONTALLY AN ADDITIONAL 2'-0".	403.5	MECHANICAL VENTILATION- OUTDOOR AIR WILL BE BROUGHT INTO THE HOME THRU A DUCT WITH AN AUTOMATIC OR GRAVITY DAMPER.
402.1.1	FLOOR INSULATION OVER UNCONDITIONED SPACE: R-20 BATT INSULATION	403.6	EQUIPMENT SIZING- ALL FURNACES WILL BE 80% EFFICIENT.
402.1.1	WINDOW U-VALUE/ SHGC 35 (U-VALUE) 40 (SHGC)	404.1	LIGHTING EQUIPMENT- A MIN. OF 75% OF ALL LAMPS MUST BE HIGH-EFFICACY LAMPS. WATER HEATER- MIN.EFFICIENCY ESTABLISHED BY NAECA. MECHANICAL TESTING - ALL MECH. TESTING TO BE PERFORMED BY APPROVED THIRD PARTY. THIS CONTRACTOR ALSO RESPONSIBLE FOR GENERATING CERTIFICATE OF COMPLIANCE AND AFFIXING TO ELECTRICAL PANEL.
402.1.1	SLAB ON GRADE FLOORS LESS THAN 12" BELOW GRADE: R-10 RIGID FOAM BOARD UNDER SLAB EXTENDING EITHER 2'-0" HORIZANTALLY OR VERTICALLY.		
402.2.3	ATTIC ACCESS: ATTIC ACCESS SCUTTLE WILL BE WEATHERSTRIPPED AND INSULATED R-38.		
402.4.1.1	BUILDING THERMAL ENVELOPE (AIR LEAKAGE) EXTERIOR WALLS AND PENETRATIONS WILL BE SEALED PER THIS SECTION OF THE 2012 IECC WITH CAULK,GASKETS,WEATHERSTRIPPING OR AN AIR BARRIER OR SUITABLE MATERIAL.		
402.4.1.2	BUILDING ENVELOPE TEST OPTION: BUILDING ENVELOPE TIGHTNESS AND INSULATION INSTALLATION MUST MEET THE INSPECTION CRITERIA LISTED IN TABLE 402.4.2 A "BLOWER DOOR AIR INFILTRATION TEST" SHALL BE PERFORMED IN ALL UNITS.		
402.4.2	FIREPLACES NEW WOODBURNING FIREPLACES SHALL HAVE TIGHT FITTING FLUE DAMPERS AND OUTDOOR COMBUSTION AIR.		

GENERAL NOTES
 GENERAL NOTES ARE ACKNOWLEDGED AND SHALL BE ADHERED TO DURING THE CONSTRUCTION

MISC. NOTES:

- ALL WORK INCLUDING ALL STRUCTURAL, HVAC, ELECTRICAL AND OTHER SHALL BE PERFORMED IN ACCORDANCE WITH ALL APPLICABLE NATIONAL, STATE AND LOCAL CODES AND REGULATIONS.
- CONTRACTOR TO VERIFY AND COORDINATE ALL THE CONDITIONS AND DIMENSIONS AT THE SITE BEFORE BEGINNING OF CONSTRUCTION. ANY DISCREPENCIES SHALL BE REPORTED TO ARCHITECTURE GROUP IMMEDIATELY.
- ALL PRE-ENGINEERED MATERIALS, EQUIPMENT, FIXTURES, AND ETC. SHALL BE INSTALLED PER MANUFACTURER'S INSTRUCTIONS AND REQUIREMENTS.
- PRE-ENGINEERED WOOD ROOF TRUSSES AND FLOOR JOISTS SHALL BE DESIGNED FOR THE LOAD INDICATED BY A PROFESSIONAL ENGINEER LICENSED TO PRACTICE IN THE STATE OF MARYLAND. SHOP DRAWINGS SHALL BE SUBMITTED TO THE COUNTY PLAN REVIEWER FOR APPROVAL PRIOR TO FABRICATION.

PROJECT DATA
 BUILDING CODES:
 1. INTERNATIONAL RESIDENTIAL CODE (IRC). 2012 EDITION
 CONSTRUCTION CLASSIFICATION TYPE: 5B (UNPROTECTED) USE GROUP: R3

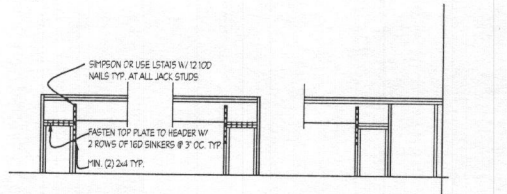
CONSTRUCTION:	
GROUND FLOOR	CONCRETE
FIRST FLOOR	WOOD
SECOND FLOOR	WOOD
ROOF	WOOD
WALLS	WOOD

BUILDING AREA

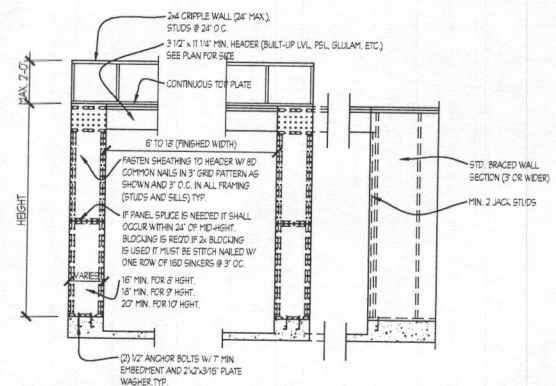
TOTAL	5592 SQ. FT.
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DATE: 10/15	REVISION:
SCALE:	REVISION:
DRAWN: TIM	REVISION:
DRAWING: COVER PAGE	REVISION:
PROJECT: WILLIAMSBURG GROUP THE WELLINGTON ESTATE HOME	REVISION:
1067 WEH Project No.	REVISION:

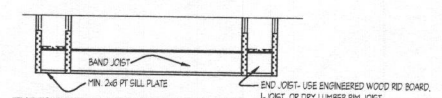
Westland Farm Estates
 Lot 11
 12523 Westland Court
 Fulton, MD 20759



INTERIOR ELEVATION



EXTERIOR ELEV. DIRECT TO FOUNDATION



EXTERIOR ELEV. OVER RAISED FLOOR

NARROW WALL PORTAL DETAILS - TYPE 1

NARROW WALL BRACING DETAILS, SCALE: 1/4" = 1'-0"

NOTE: PORTAL FRAMES ARE DESIGNED TO REPLACE THE RECD. BRACED WALL SEGMENT UP TO 40' LONG. FOR 9FT. WALLS 37' FOR 10FT. WALL ADJACENT TO 80% OPENING. LOCATIONS AND BRACING TO FOLLOW IRC REQUIREMENTS.

LENGTH REQUIREMENTS FOR BRACED WALL PANELS IN A CONTINUOUSLY SHEATHED WALL.

A. LINEAR INTERPOLATIONS SHALL BE PERMITTED.
 B. FULL-HEIGHT SHEATHED WALL SEGMENTS TO EITHER SIDE OF GARAGE OPENINGS THAT SUPPORT LIGHT FRAME ROOFS ONLY, WITH ROOF COVERING DEAD LOADS OF 3PSF OR LESS SHALL BE PERMITTED TO HAVE A 4:1 ASPECT RATIO.

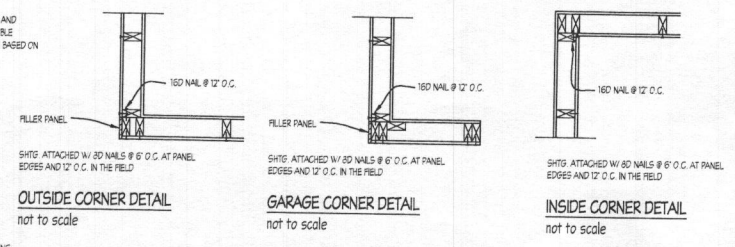
MINIMUM LENGTH OF BRACED WALL PANEL (INCHES)			MAXIMUM OPENING HEIGHT NEXT TO THE BRACED WALL PANEL (% OF WALL HEIGHT)
48	54	60	
32	36	40	85%
24	27	30	65%

NOTE:
 WALL BRACING:
 ALL EXTERIOR WALLS SHALL BE BRACED IN ACCORDANCE WITH THIS SECTION. IN ADDITION, INTERIOR BRACED WALL LINES SHALL BE PROVIDED IN ACCORDANCE WITH SECTION R602.10.1.1 FOR BUILDINGS IN SEISMIC DESIGN CATEGORIES, D1 AND D2, WALLS SHALL BE CONSTRUCTED IN ACCORDANCE WITH THE ADDITIONAL REQUIREMENTS OF R602.10.9, R602.10.11, AND R602.11.
 R602.10.1
 BRACED WALL LINES SHALL CONSIST OF BRACED WALL PANEL CONSTRUCTION METHODS IN ACCORDANCE WITH SECTION R602.10.3. THE AMOUNT AND LOCATION OF BRACING SHALL BE IN ACCORDANCE WITH TABLE R602.10.1 AND THE AMOUNT OF BRACING SHALL BE THE GREATER OF THAT REQUIRED BY THE SEISMIC DESIGN CATEGORY OR THE DESIGN WIND SPEED. BRACED WALL PANELS SHALL BEGIN NO MORE THAN 12.5' (3810 MM) FROM EACH END OF A BRACED WALL LINE. BRACED WALL PANELS THAT ARE COUNTED AS PART OF A BRACED WALL LINE, EXCEPT THAT OFFSETS OUT-OF-PLANE OF UP TO 4 FEET (1219 MM) SHALL BE PERMITTED PROVIDED THAT THE TOTAL CUT TO CUT OFFSET DIMENSION IN ANY BRACED WALL LINE IS NOT MORE THAN 6' (2438 MM). A DESIGNED COLLECTOR SHALL BE PROVIDED IF THE BRACING BEGINS MORE THAN 12' (3658 MM) FROM EACH END OF A BRACED WALL LINE.
 R602.10.1.1 BRACING:
 SPACING OF BRACED WALL LINES SHALL NOT EXCEED 35' (10,668 MM) ON CENTER IN BOTH THE LONGITUDINAL AND TRANSVERSE DIRECTIONS IN EACH STORY.
 EXCEPTION:
 SPACING OF BRACED WALL LINES NOT EXCEEDING 50' SHALL BE PERMITTED WHERE:
 1. THE WALL BRACING PROVIDED EQUALS OR EXCEEDS THE AMOUNT OF BRACING REQUIRED BY TABLE R602.10.1 MULTIPLIED BY A FACTOR EQUAL TO THE BRACED WALL LINE SPACING DIVIDED BY 35', AND
 2. THE LENGTH-TO-WIDTH RATIO FOR THE FLOOR/WALL DIAPHRAGM DOES NOT EXCEED 3:1.

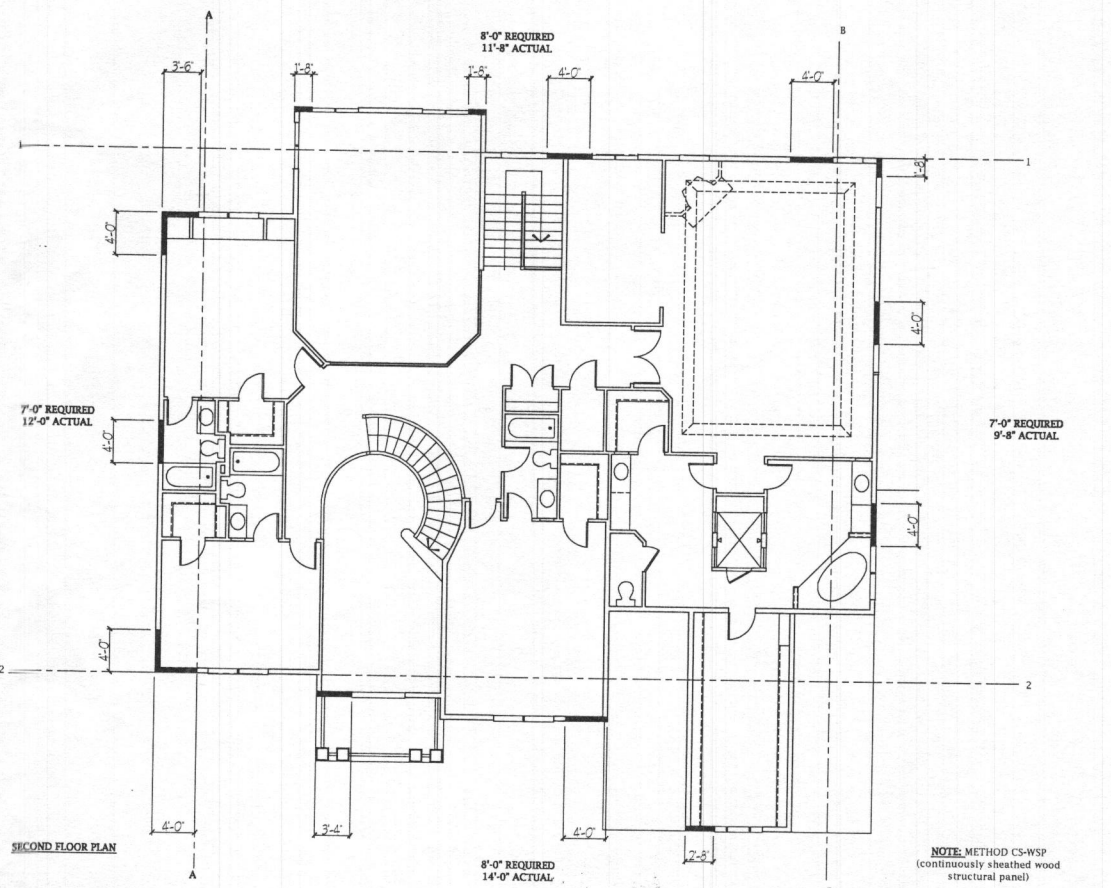
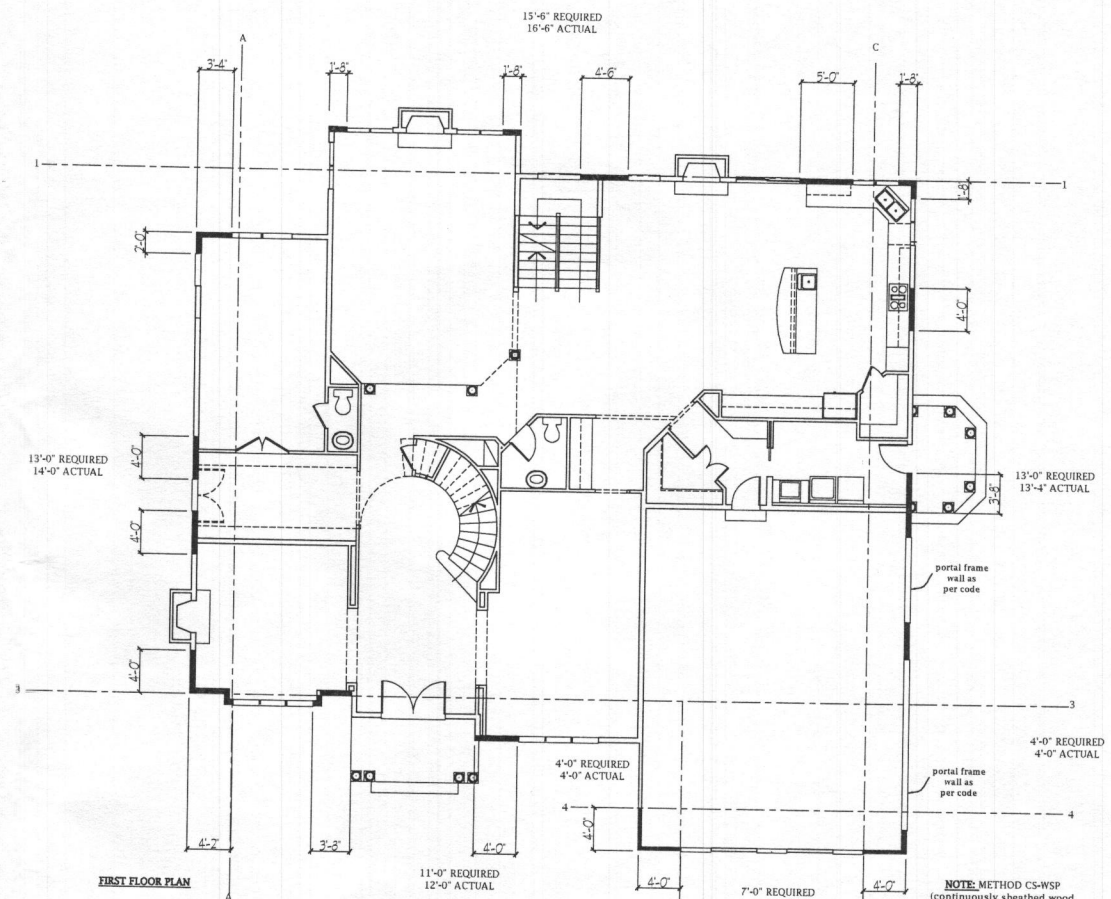
NOTE: WIND BRACING DESIGN AS REQUIRED BY SECTION 602.10 OF THE IRC HAVE BEEN SATISFIED BY THE ALTERNATIVE CONTINUOUS STRUCTURAL PANEL SHEATHING METHOD (602.10.5) AND NARROW WALL (PORTAL FRAME) BRACING REFER TO MIN. CONSTRUCTION DETAILS THIS SHEET. ADDITIONALLY, ALL STRUCTURAL MEMBERS SHALL BE FASTENED IN ACCORDANCE WITH TABLE R602.301 OF THE INTERNATIONAL RESIDENTIAL CODE, AND THE MANUFACTURER'S RECOMMENDATIONS IN THE CASE OF ENGINEERED COMPONENTS. MINIMUM BRACED WALL LENGTHS ARE BASED ON THE TABLE BELOW.

TRAIL ADJACENT OPENING HEIGHT EQUIVALENT TO	MINIMUM LENGTH OF BRACED WALL PANELS								
	50 VINYL WINDOW	52 W/D WINDOW	58 VINYL WINDOW	60 VINYL WINDOW	62 W/D WINDOW	68 DOOR	68 OR 1W/10 TR	68 OR 1W/20 TR	FULL HEIGHT
8' WALL	24"	26"	28"	28"	30"	32"	48"	N/A	48"
9' WALL	27"	29"	31"	31"	33"	35"	48"	48"	50"
12' WALL	30"	32"	34"	34"	36"	38"	48"	48"	50"

* PORTAL DESIGN MAY NOT BE SUBSTITUTED



ALL BRACED EXTERIOR WALLS SHALL BE MIN. 7/8" OSB PANEL SHEATHING ATTACHED TO FRAMING WITH 2X COMMON NAILS @ 6" O.C. AT PANEL EDGES AND 12" O.C. AT INTERMEDIATE FRAMING MEMBERS. SOLID PLATES SHALL BE FASTENED TO JOIST OR SOLID BLOCKING WITH 2X OSB WALLS @ 16" O.C., ADJUST TO PLATE OR SILL W/ 3x2 @ 6" O.C. TO ENAIL. ALL EXTERIOR WALL CORNERS SHALL BE FRAMED PER DETAIL. INTERIOR BRACED WALLS SHALL BE MIN. 1/2" OSB, APPLIED TO EACH SIDE OF FRAMING W/ ADHESIVE AND 5 OR W/ SCREWS @ 24" O.C.



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 640 Plymouth Road, Catonsville, MD 21229 410-788-0281

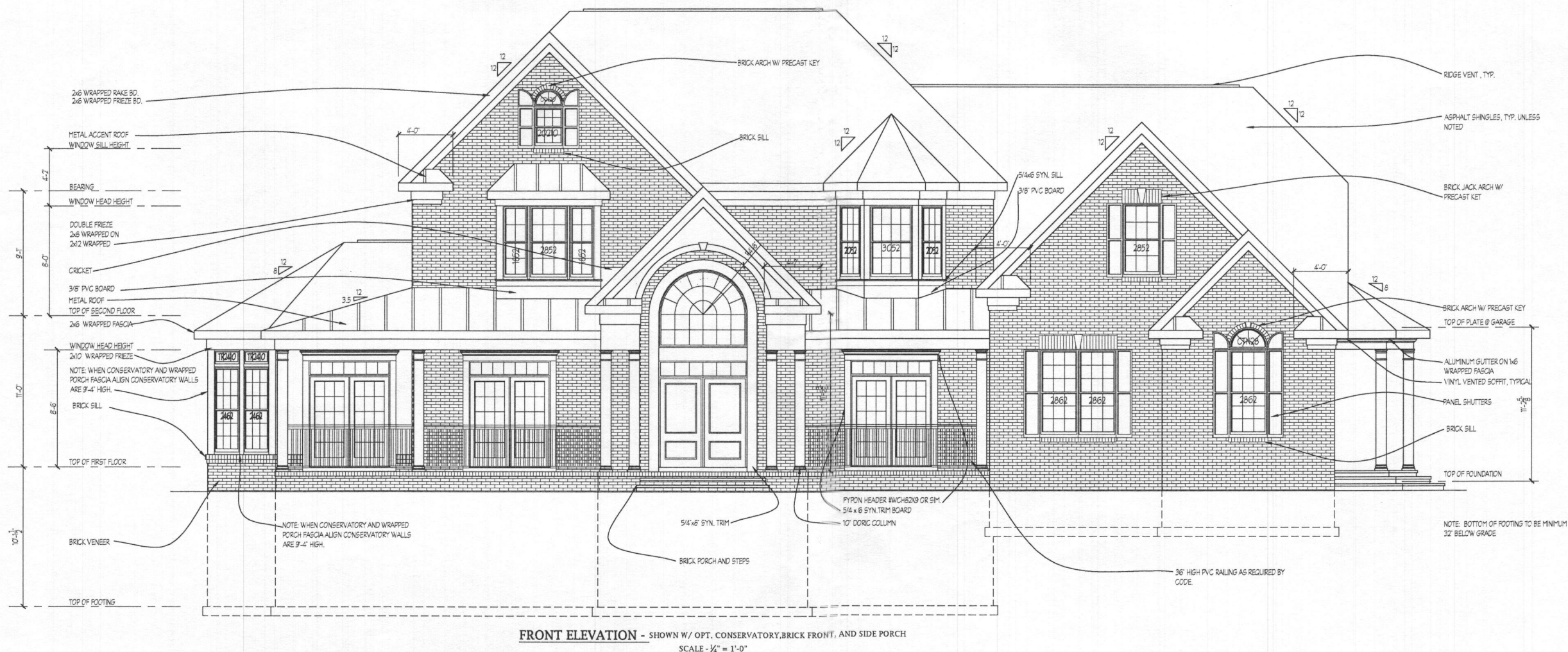
DATE:	REVISION:

Date: 10/15
 Scale: N.A.
 Drawn: TIM

Drawing: SHEAR WALL DETAILS
 Project: WILLIAMSBURG GROUP
 THE WELLINGTON
 ESTATE HOME

1067 WEH
 Project No.





FRONT ELEVATION - SHOWN W/ OPT. CONSERVATORY, BRICK FRONT, AND SIDE PORCH
 SCALE - 1/4" = 1'-0"

DATE	REVISION

Date: 10/15
 Scale: NOTED
 Drawn: TIM

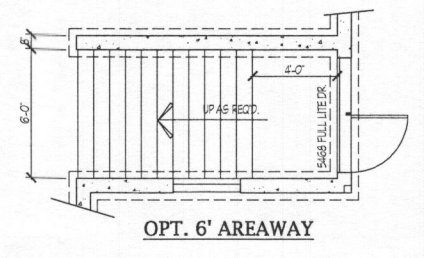
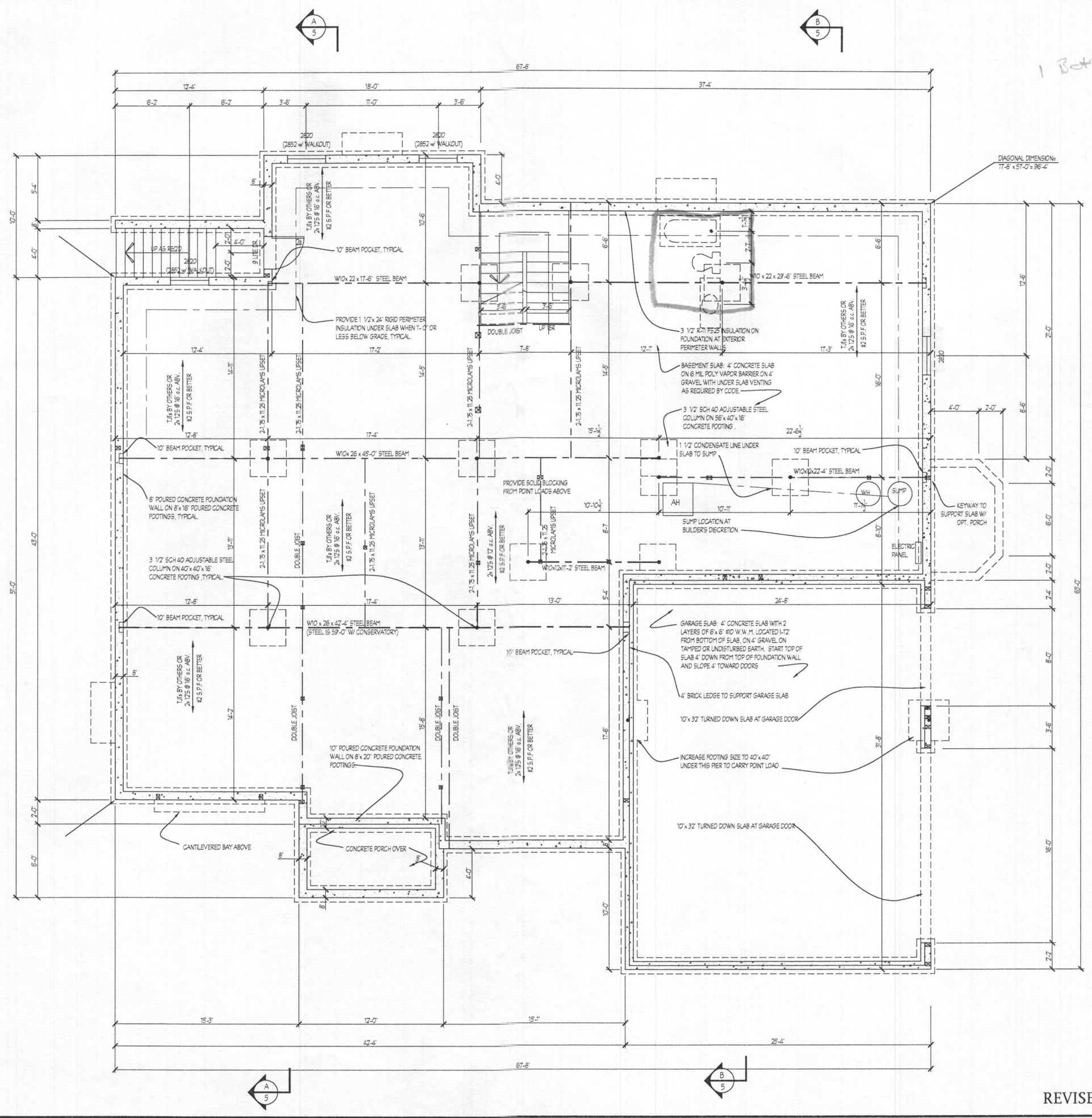
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 Project: WILLIAMSBURG GROUP
 THE WELLINGTON
 ESTATE HOME

1067W EH
 Project No.



REVISED 5/16

1 Both unfinished



REVISED 2/16

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 640 Plymouth Road, Catonsville, MD 21229 410-788-0281

DATE	REVISION

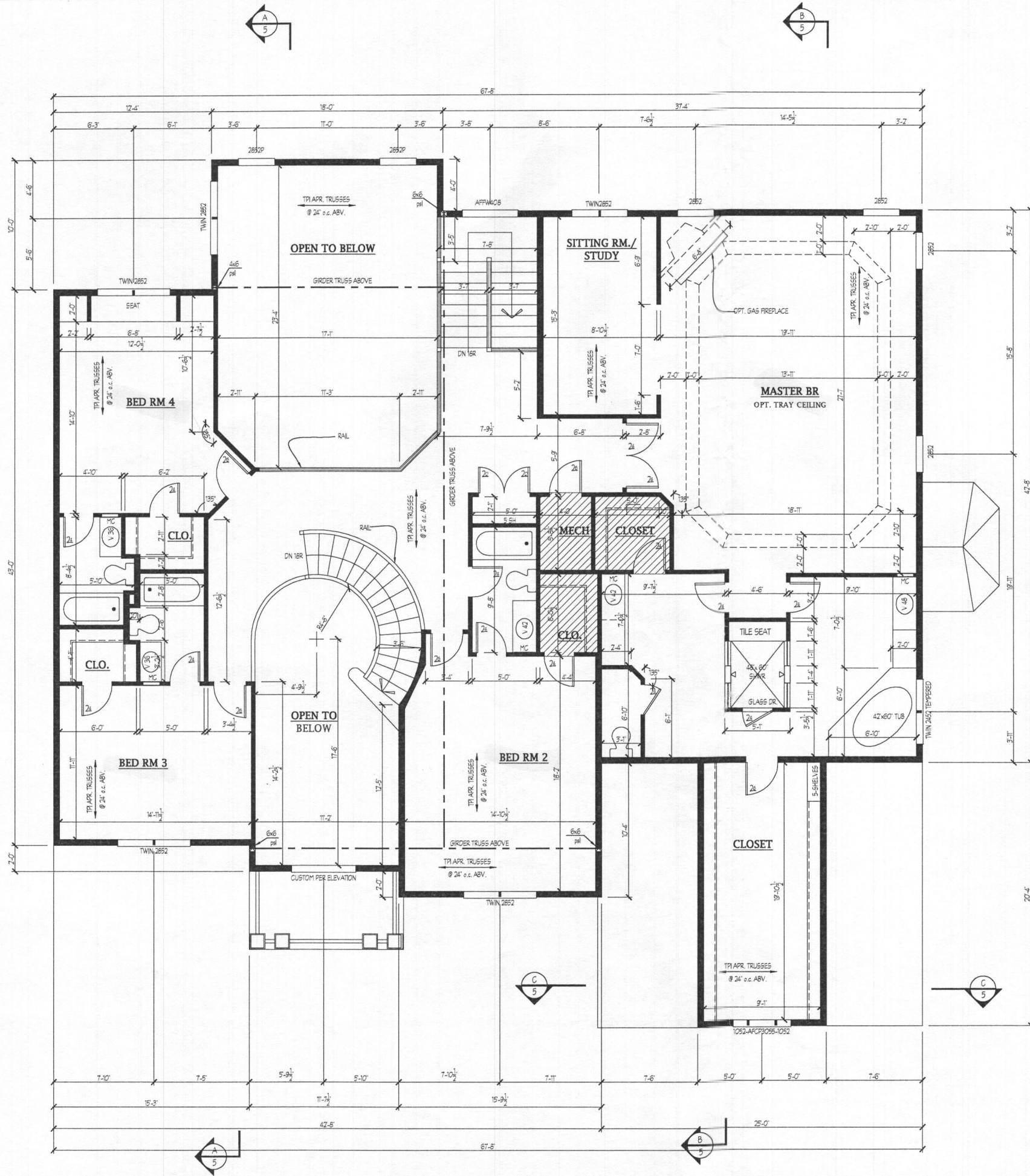
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 Drawn: TIM

Drawing: STD. BSMT./FOUNDATION PLAN
 Project: WILLIAMSBURG GROUP
 WELLINGTON
 ESTATE HOME

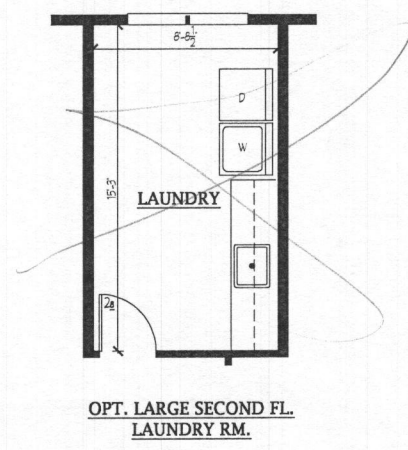
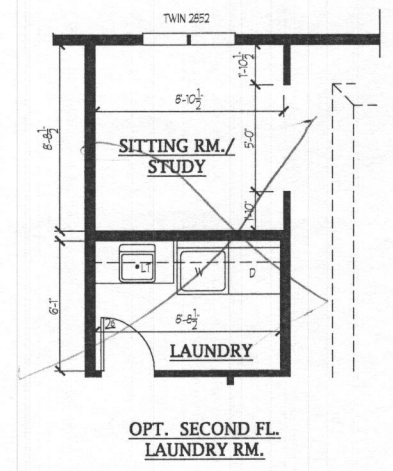
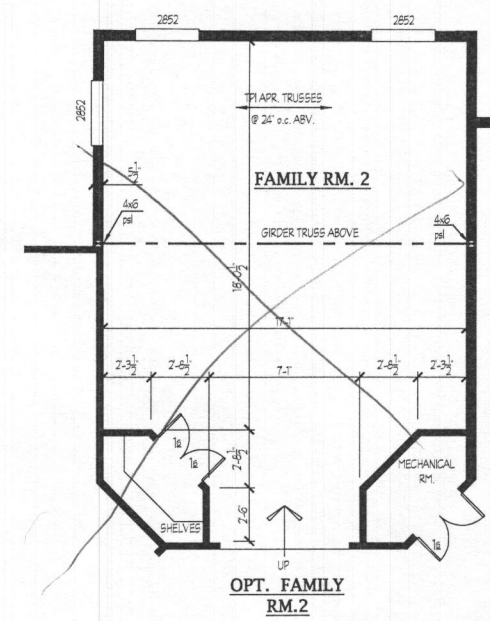
1067 WEH
 Project No.

2a

LBR



NOTES:
 WINDOW HEADERS ARE: 10' TO 30' - 2-2x6's
 30' - 40' - 2-2x8's
 40' - 60' - 2-2x10's
 60' - 80' - 2-2x12's
 UNLESS OTHERWISE NOTED
 ROUGH HD HEIGHTS ARE AT 7'-11 3/4" UNLESS NOTED OTHERWISE
 ALL HEADERS IN BEARING WALLS ARE 2-2x12's UNLESS NOTED OTHERWISE
 WOOD COLUMNS SPECIFIED MAY BE BUILT UP OF 2x MEMBERS, FASTENED TOGETHER AS REQUIRED.
 ALL EXTERIOR WALLS TO BE 2x6 @ 16" oc. UNLESS OTHERWISE NOTED
 NOTE: SUBSTITUTION OF ENGINEERED L-JOISTS DESIGNED BY OTHERS IN LIEU OF DIMENSIONAL 2x LUMBER SPECIFIED FOR FLOOR FRAMING IS ACCEPTABLE.



Plymouth Road Architects
 640 Plymouth Road, Catonsville, MD 21229 410-788-0281

DATE	REVISION

Date: 10/15
 Scale: 1/4" = 1'-0"
 Drawn: TIM

Drawing: STD. SECOND FLOOR PLAN
 Project: WILLIAMSBURG GROUP
 WELLINGTON
 ESTATE HOME

1067 WEH
 Project No.

4

REVISED 3/17

DATE	REVISION

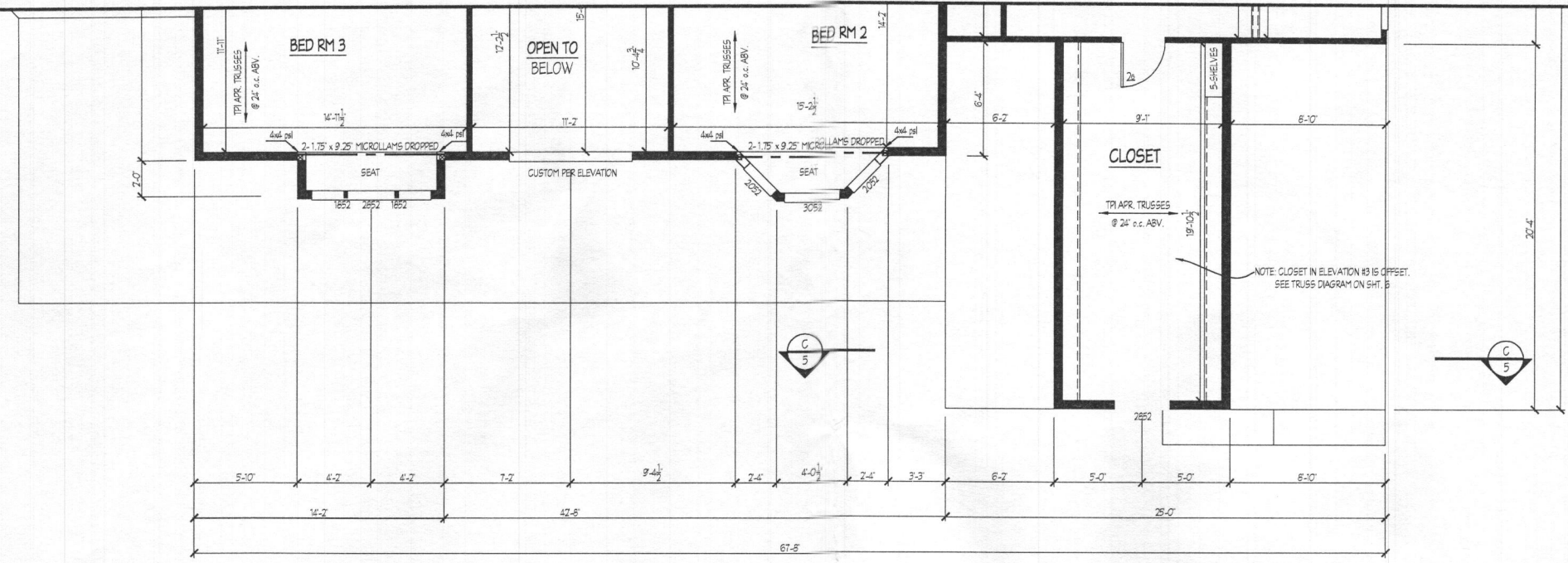
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 Drawn: TIM

Drawing: PARTIAL PLANS ELEV. 3
 Project: WILLIAMSBURG GROUP
 WELLINGTON
 ESTATE HOME

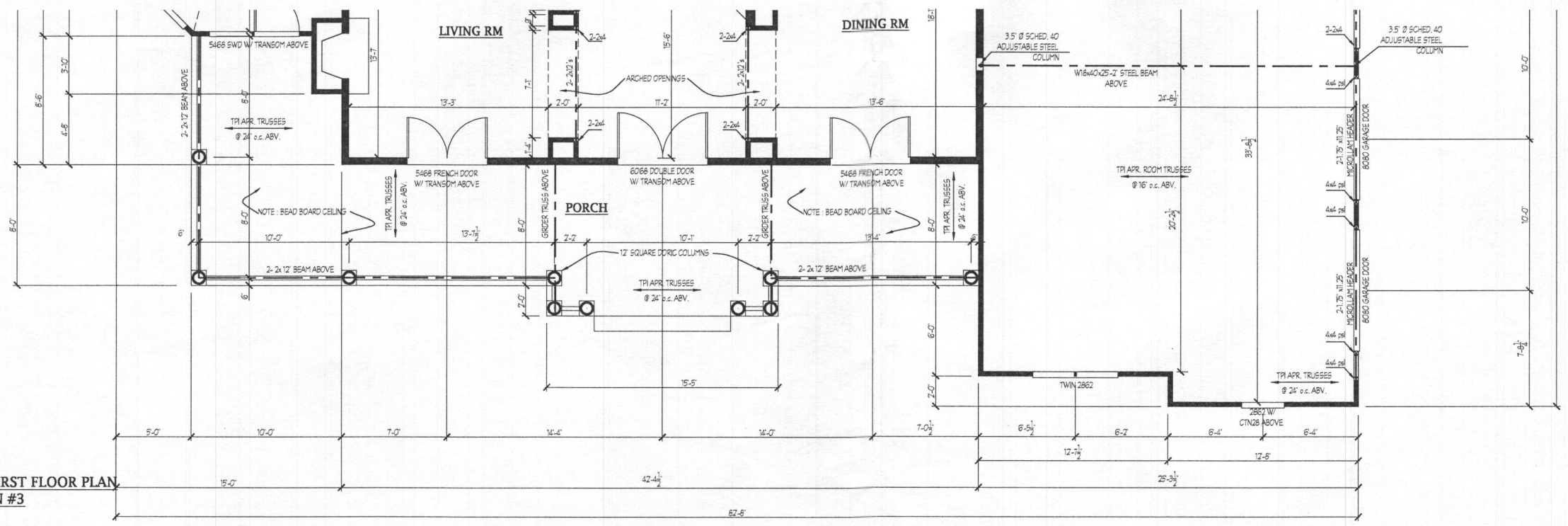
1067 WEH
 Project No.

5d

**PARTIAL SECOND FLOOR PLAN
 ELEVATION #3**

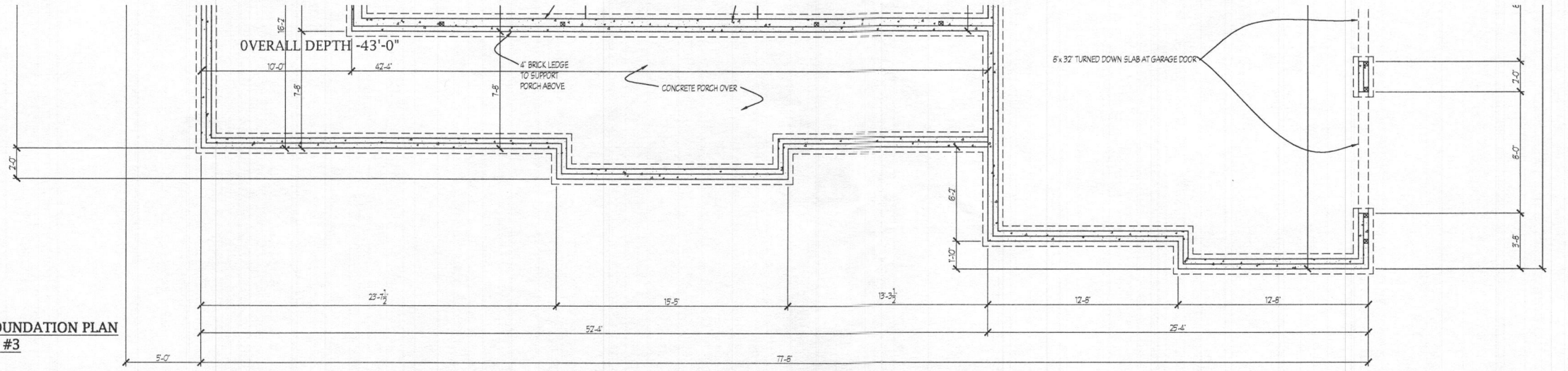


**PARTIAL FIRST FLOOR PLAN
 ELEVATION #3**

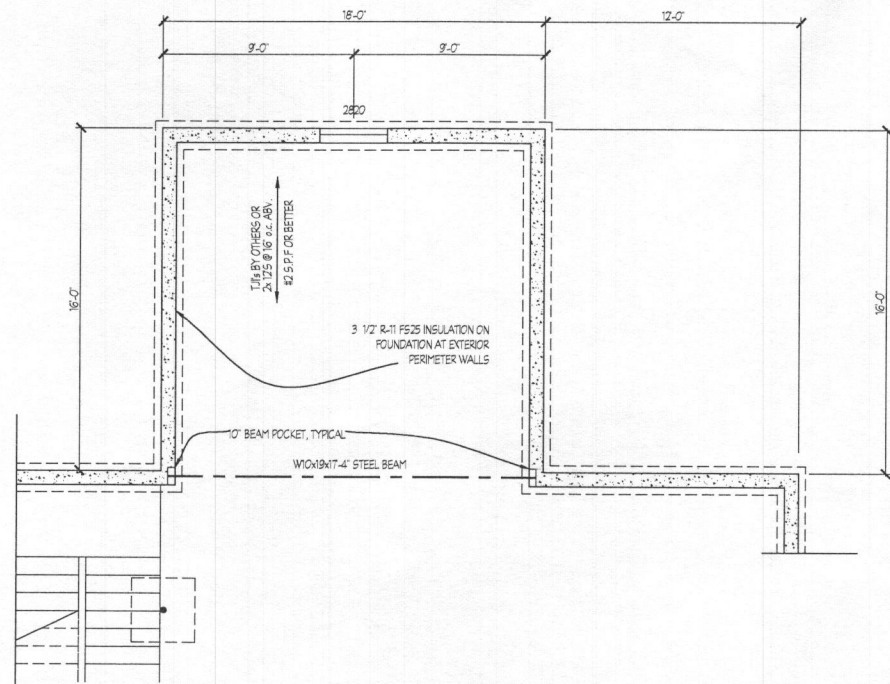


NOTES:
 WINDOW HEADERS ARE: up to 30" - 2-2x6's
 30"-40" - 2-2x6's
 40"-60" - 2-2x10's
 60"-80" - 2-2x12's
 ROUGH HD HGHTS ARE AT 7'-11 1/2" UNLESS NOTED OTHERWISE
 ALL HEADERS IN BEARING WALLS ARE 2-2x12'S UNLESS NOTED OTHERWISE
 WOOD COLUMNS SPECIFIED MAY BE BUILT UP OF 2x MEMBERS, FASTENED TOGETHER AS REQUIRED
 ALL EXTERIOR WALLS TO BE 2x6 @ 16"oc UNLESS OTHERWISE NOTED
 NOTE: SUBSTITUTION OF ENGINEERED L-JOISTS DESIGNED BY OTHERS IN LIEU OF DIMENSIONAL 2x LUMBER SPECIFIED FOR FLOOR FRAMING IS ACCEPTABLE.

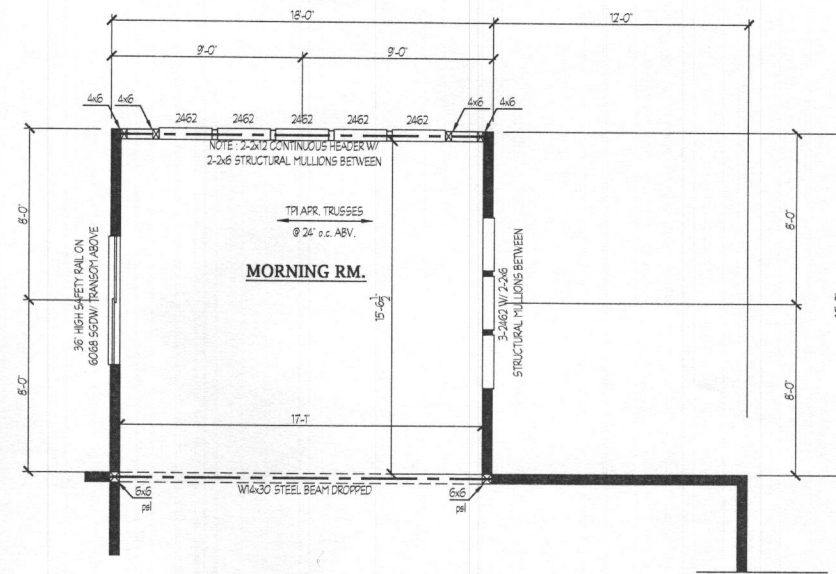
**PARTIAL FOUNDATION PLAN
 ELEVATION #3**



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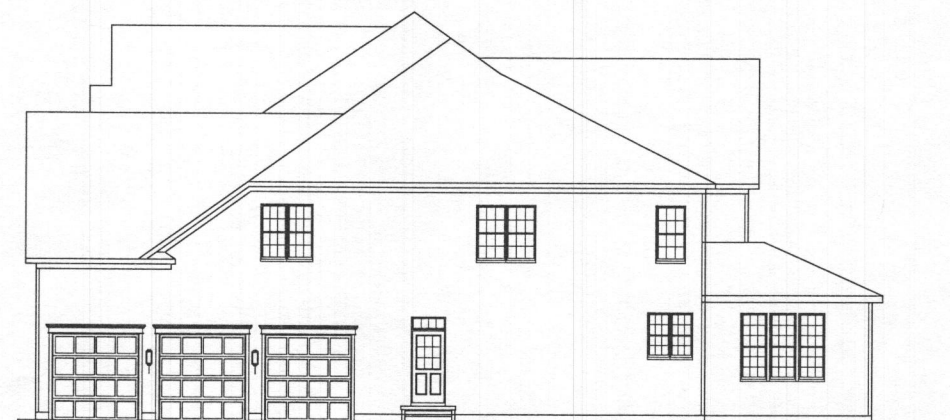
FOUNDATION PLAN - SCALE - 1/4" = 1'-0"



FIRST FLOOR PLAN - SCALE - 1/4" = 1'-0"



REAR ELEVATION - SHOWN W/ OPT. MORNING RM.
SCALE - 1/8" = 1'-0"



RIGHT SIDE ELEVATION - SHOWN W/ OPT. MORNING RM.
SCALE - 1/8" = 1'-0"

Plymouth Road Architects
640 Plymouth Road Baltimore, MD 21229
Phone: 410-788-0281 arch@plymouth-road.com

Notes:

Drawing: OPT. MORNING RM.

Project: WILLIAMSBURG GROUP
WELLINGTON
ESTATE HOME

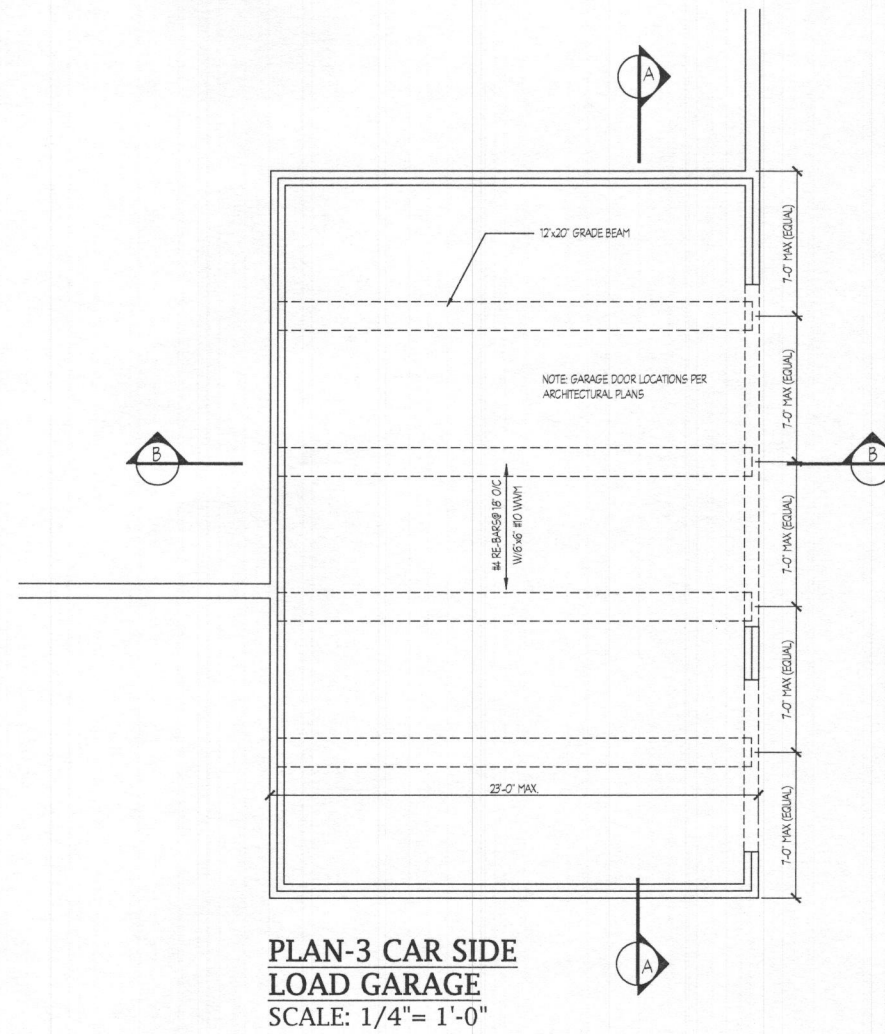
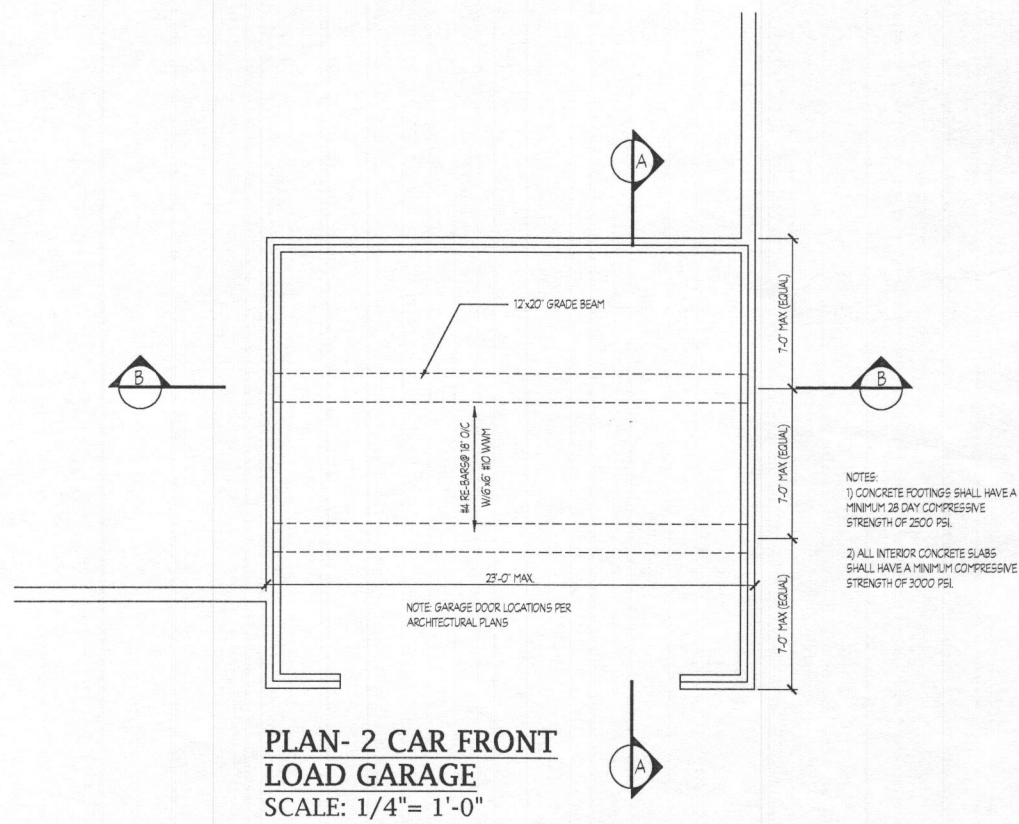
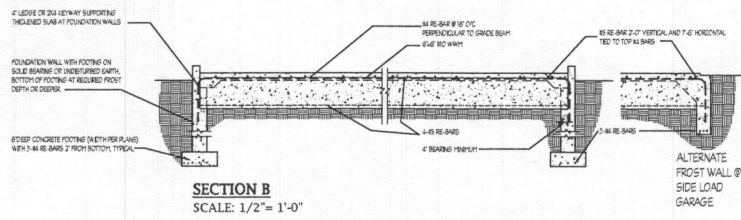
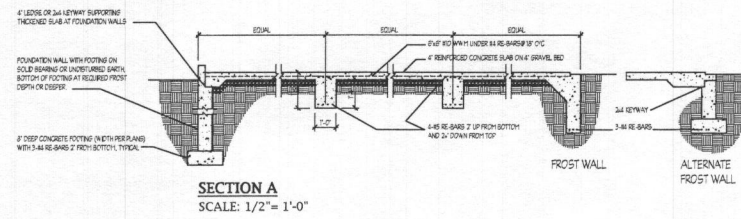
Project No.: 1067 WEH

Date: 10/15

Scale: NOTED

8b

REVISED 3/17



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640 Plymouth Road, Catonsville, MD 21229 410-788-0281

DATE	REVISION

Date: 10/15
Scale: 1/4" = 1'-0"
Drawn: TTM

Drawing: GRADE BEAM DETAILS
Project: WILLIAMSBURG GROUP
WELLINGTON
ESTATE HOME

1067 WEH
Project No.



REVISED 10/15

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OCT 20 2015